

I, _____, give permission for the release of information concerning
(PRINT ONLY)

myself in the Adult Abuse, Neglect, Exploitation Central Registry to:

Contact Person(s)* _____ Phone _____

Agency name _____

Agency mailing address _____

☐ Check box if agency is a CDDO, CMHC, or ILRC

Maiden Name and/or Other Names Known By: _____

(PRINT ONLY)

Address: _____

Street

City

State

Zip Code

DOB: ____/____/____ SS#: ____-____-____ Sex: M or F
(mm/dd/yyyy) (circle one)

I understand that all information released will be for the exclusive and confidential use of the above named organization/person. I have read and understand this form and the information provided is true and correct to the best of my knowledge.

I give permission for the release of any information concerning myself in the Adult Abuse and Neglect Central Registry each year while I am employed or associated with the above agency. ____ Yes ____ No

Signature: _____ Date: ____/____/____
(mm/dd/yyyy)

Per statute 65-6205: Community Service Providers, Mental Health Centers and Independent Living Centers may request information for the purpose of obtaining background information on applicants for employment without signed consent. Signature is not required from the individual for which the inquiry is made.

RETURN TO:

Adult Abuse Registry
915 SW Harrison, Rm. 530-E
Topeka, Kansas 66612

FOR CENTRAL OFFICE USE ONLY:

Record found?

Yes ☐ No ☐ If yes, finding: ☐ Abuse ☐ Neglect ☐ Exploitation ☐ Fiduciary Abuse (check all that apply)

"Yes" indicates the individual is listed on the adult abuse, neglect, exploitation registry.

Perpetrator's Name: _____

Region: _____ Date Substantiated: _____

Initial: _____ Date: _____

